

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

(1) Jeffrey L. Gluwell #233532  
(Name of Plaintiff) (Inmate Number)

P.O. Box 9561 Wilm, DE 19809  
(Complete Address with zip code)

(2) \_\_\_\_\_  
(Name of Plaintiff) (Inmate Number)

\_\_\_\_\_  
(Complete Address with zip code)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.

(1) Correctional medical services  
(2) Department of Corrections - Carl Dunbar  
(3) \_\_\_\_\_  
(Names of Defendants)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

**I. PREVIOUS LAWSUITS**

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE

- 07 - 845 -

\_\_\_\_\_  
(Case Number)  
( to be assigned by U.S. District Court)

**CIVIL COMPLAINT**

• • Jury Trial Requested



**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ••Yes ••No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ••Yes ••No

C. If your answer to "B" is Yes:

1. What steps did you take? I have filed numerous  
grievances and have also spoken to investigators from the Dept corr.
2. What was the result? Nothing has been done, I've  
also had meetings with regional medical Director Jay Conlin  
with NO outcome

D. If your answer to "B" is No, explain why not: \_\_\_\_\_

**III. DEFENDANTS** (in order listed on the caption)

(1) Name of first defendant: Correctional Medical Services - Chris Williams

Employed as medical Provider at Howard R. Young Correctional Institution

Mailing address with zip code: P.O. Box 9561 Wilms DC 19801 and also  
12647 Olive Boulevard, P.O. Box 419052 Saint Louis, Missouri 6314-9052

(2) Name of second defendant: Department of Corrections - Carl Danberg

Employed as Commissioner at All Institutions in Delaware

Mailing address with zip code: 245 McKee Rd Dover DE, 19901

(3) Name of third defendant: \_\_\_\_\_

Employed as \_\_\_\_\_ at \_\_\_\_\_

Mailing address with zip code: \_\_\_\_\_

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

**IV. STATEMENT OF CLAIM**

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. ON June 6<sup>th</sup> 2007 Dr. Peter Binnion signed off on my medical records stating that I was beyond a specialist help and that I needed to see neurologist as of today November 26<sup>th</sup> 2007 I still haven't seen a specialist yet. (Also see attached as #1)
2. I have written Carl Denberg in reference to these issues and have spoken to investigators from his office and most recent November 25<sup>th</sup> and they said (Mr. Tormann) that they are going to try and expedite the appt. to see neurologist
3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. RELIEF**

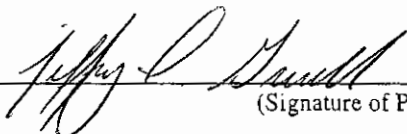
(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I feel that there should be compensation for my pain and suffering and also it has been excessive in waiting 4 months for appt and also to have proper pain and any other medication

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17<sup>th</sup> day of December, 2007.

  
(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)

Attached "Statement of Claim" 1 of 2

As I stated before doctor. Peter Birnion signed off on my medical records in June stating that I needed to see a neurologist, and it was brought to my attention on November 28<sup>th</sup> by Dr. P. Birnion that C.M.S "Denied" me going to see the neurologist even though they knew that I had spinal issues and couldn't walk without my walker.

I was taken to physical therapy at St. Francis hospital, and the therapist recommended that I get "walks" (prostheses) to get a Moffitt boot, because I have serious drop foot and can not use my right leg.

I have endured pain ever since being paralyzed in 2005, but I have been having alot of problems, and have been falling and my legs are going out more often and the pain has gotten to the point that all I can do is lay around and try to not move alot, even when I'm on my walker I have some of the worst pain I've had in along time, and I've put in numerous sick calls stating my problems of pain + my legs going out, and still to "no" avail and also I have numerous grievances in dating back to August 8-29-07 - 11-21-07 and Nothing has been done. They haven't even Heard I of my grievances.

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This is starting to take effect on me mentally, physically I'm not able to do anything I used to do. I'm not receiving proper medication and I'm only receiving it every 10-12 hours instead of every 4-6 hours that a pain management specialist would prescribe.